

THE MEDICAL ASSAULT ON YOUNG WOMEN

Whether to control painful periods or even acne, young women are increasingly being prescribed the contraceptive Pill and antidepressant drugs, despite the cost to their long-term hormonal and mental health.

by Sherrill Sellman © 2002

GetWell International
PO Box 690416
Tulsa, OK 74169-0416, USA
Email: golight@earthlink.net
Website: <http://www.sellman.com>

The Berlin Wall of hormone replacement therapy came tumbling down in July 2002 when the most prestigious study ever conducted on HRT found that the steroidal hormones, oestrogen and synthetic progestins caused breast cancer, strokes and blood clots. It's been a downhill slide for HRT (and drug profits) ever since.

The real lesson from that study is that, for 40 years, menopausal women were in fact the uninformed guinea pigs trialling dangerous hormonal drugs that made an unprecedented fortune for drug manufacturers. The world was shocked with the findings from the study, and millions of angry women defected from the HRT ranks.

Women and many doctors had been cleverly convinced that menopause was an *endocrinopathy*—an oestrogen deficiency disease. Women were further advised that they must be saved from nature's inherent design fault—the total decline and disintegration of their hormonal health as well as their faculties—with toxic, untested steroid hormones.

The folly of medicalising menopausal women has at last been revealed. Unfortunately, the use of untested and dangerous steroidal hormones and other drugs still continues. This time, however, the medical fraternity and pharmaceutical corporations have set their sights on young women.

Medicalising our Daughters

Being a teenage girl is challenging at the best of times. These days, it seems to be even tougher for both teenagers and their parents. Peer and social pressures, economic concerns, health problems, school work and family tensions all tilt the stress barometer into the dangerous red zone. Skipping meals, eating junk food and going on starvation diets is a way of life for teenagers these days. More than ever, teenagers seem to be burning the candle at both ends.

The behaviours and decisions that young women make directly affect their physical and emotional well-being for the short and long term. As a result, their hormonal health is under siege. Premenstrual syndrome (PMS), painful periods, irregular or absent periods, ovarian cysts, polycystic ovaries, fibrocystic breast disease (lumpy, painful breasts), endometriosis, hormonal migraines, acne, allergies, fatigue and mood swings are occurring in young women at epidemic rates. Many girls try to ignore their health problems, hoping they will disappear. Others schedule an appointment with their doctors. Odds on, they will leave the office with either a prescription for a drug or some variation of the Pill.

Modern science, rather than perceiving hormonal imbalances as aberrations created by the many abuses of modern-day living, has convinced women that the underlying problem is menstruation itself, and that natural reproductive cycles are dangerous and disease-producing and must be medicated. Women are also told that their reproductive system has become the enemy and is the primary cause for all their physical problems and emotional turmoil. The solution: shut it down. The method: steroidal hormones.

A long history predates this particular perspective. The venerable Greek fathers of medicine held similar views. Hippocrates posed the question, "What is woman?", and then supplied the answer: "Disease!" He also argued that fermentation in the blood precipitated menstruation, because women lacked the "male ability to dissipate the impurities in the blood gently and sweetly through perspiration". To his way of thinking, menstrual blood had a "noisome smell". Galen, another famous Greek philosopher, believed that menstrual blood was the residue of blood in food, which women, having inferior bodies, were unable to digest.¹

The notion that menstruation is a rather unpleasant, if not downright toxic, process has been around for a very long time. So has the belief that the source of all women's suffering resides with her ovaries, uterus and menstrual flow. The science of medicine is notoriously misogynist.

While it would be comforting to think that living in the 21st century guaranteed a more enlightened appreciation of women's physiology, it would appear that we may have to wait another century or two for that momentous event finally to occur. When it comes to understanding and appreciating the wonders of the female physiology, modern medicine is moving at a galloping snail's pace.

A recent syndicated column by a highly respected Australian medical doctor was titled "Period Disease". A question from a reader was posed to him: "My doctor told me recently that monthly periods are now regarded by some as a 'disease' and totally preventable. Is this true?" His sagacious reply: "Why should women be burdened with loss of valuable blood each month, which is often not manufactured in similar amounts, often leading to anaemia and chronic tiredness? Taking the active ingredients of the oral contraceptive pill daily, with no seven-day break, solves the problems." The short answer to that question of whether monthly periods are a disease was a whole-hearted "Yes".²

The sentiment that periods are a disease—or at least a most unwelcome, unproven and unsafe physiological process—seems to reflect a growing trend amongst members of the medical profession. They promote new scientific developments that can supposedly liberate women from their age-long debilitation, menstruation.

Leading the charge to stamp out menstruation is the work of Dr Elsimar Coutinho, Professor of Gynaecology, Obstetrics and Human Reproduction at the Universidade Federal da Bahia in Brazil, as recounted in his book, *Is Menstruation Obsolete?*³

Dr Coutinho argues that regular monthly bleeding is not the "natural" state of women and that it actually places them at risk of several medical conditions of varying severity. The author maintains that while menstruation may be culturally significant, it is not medically meaningful. He asserts that prehistoric women had fewer than 160 periods in their lifetime. (The mind boggles at how rigorous the scientific method actually was in the conduct of that research.) On the other hand, modern women, who start menstruating earlier and spend less time pregnant, have more than 400 menstrual cycles. As the champion of women's freedom, he believes that 21st century women should be able to choose the timing and frequency of their periods, just as they can now choose the timing and frequency of childbirth. From a medical point of view he sees menstruation as a failed process, having no beneficial effects; indeed, it can even be harmful to many women's health.

In a nutshell, Dr Coutinho's work suggests that the most medically advanced "treatment" for menstruation would be its total cessation in all women of reproductive age. The correct medical terminology is *chemical castration*.

The intricate and profoundly complicated female reproductive system, which has undergone many hundreds of thousands of years of evolutionary fine-tuning, has now been declared obsolete. Like a top-class magician, medical science now professes

the rationale and the means to make menstruation disappear completely! The solution is simple: just give all women a continuous low-dose birth control pill. What progress!

Dr Coutinho's theory has many physicians and researchers waxing lyrical, agreeing that there's no reason why women can't opt for fewer periods by extending the use of the Pill. Whether for easing health problems such as migraines or eliminating the inconvenience and messiness not to mention the expense of menstruation, the Pill can now be taken continuously for 84 days followed by a seven-day break. In this manner, women will only have a bleed four times a year.

Dr Freedolph Anderson, lead researcher of the trials for the new continuous contraceptive pill Seasonale, which will make its debut in 2004, says: "We have more than 30 years' experience of prolonged period suppression with [intravenous contraceptive] Depo-Provera; we know there are no health deficits and that women don't develop gynaecological problems from not menstruating."⁴

Dr John Eden, Associate Professor of Reproductive Endocrinology at the University of New South Wales in Sydney, Australia, reiterates that point of view: "Women are often healthier if they are on the Pill..."⁵

So, now that medicine has conquered menstruation and drug companies' glossy marketing campaigns have succeeded in

extolling the Pill's ever growing virtuosity, what has actually been achieved for all the young women who are being seduced by these promises? Are women really healthier on the Pill? Has prolonged period suppression with Depo-Provera been perfectly safe over those 30-plus years? Is this really a great victory, or a catastrophe of unparalleled proportions for modern women?

Shocking Facts about the Pill

Since 1960, when the US Food and Drug Administration approved it

for contraception, the Pill has been one of the most popular methods of preventing pregnancy. But in recent years, reminiscent of the off-label uses of HRT, oral contraceptives have increasingly been prescribed for adolescent girls and young women for noncontraceptive purposes.

There is no doubt that doctors consider the Pill the best solution to address a long list of young women's hormonal difficulties. This day and age, there's a plethora of options: the combined low-dose Pill made with oestrogen and progestin; the progestin-only mini-Pill; and the three-year implant or injection.

Far beyond its initial purpose as a contraceptive drug for short-term use, the Pill has become the darling of the medical world for treating just about any hormonal problem a girl may have, and then some. To date, the Pill is prescribed to help teenagers attack acne, "regulate" their periods, eliminate painful periods and treat PMS, endometriosis, migraines, ovarian cysts and polycystic ovaries. Girls as young as thirteen are now prescribed the Pill for treating acne.

The Pill has been touted by the medical profession as one of the most effective and powerful preventive medicines around. But is it?

In December 2002, the US federal government published the 10th edition of its biennial "Report on Carcinogens", which is mandated by Congress as a way for the government to help keep the public informed about substances or exposures that are known to cause human cancers. Added to the list of "known"

Girls as young as thirteen are now prescribed the Pill for treating acne.

human carcinogens were all steroidal oestrogens used in oestrogen replacement therapy and oral contraceptives.⁶ The gravity of this finding cannot be overstated: *all* oestrogens have now been proven, unequivocally, to cause cancer!

To make matters even worse, norethisterone, the most common progestin in progestin–oestrogen combination oral contraceptives, and other synthetic progestins used for injections and implants were listed as known human carcinogens by the National Institute of Environmental Health Sciences back in 1997.⁷

Is it arrogance or just plain ignorance to believe that "Women are often healthier if they are on the Pill"? The fact is that the ingredients of the Pill, whatever its formulation, are known human carcinogens. How can any carcinogenic drug be deemed to be health promoting? What cancers do these hormones cause? Studies have linked oestrogens and progestins to breast, ovarian, endometrial, cervical, skin, brain and lung cancers.

It is now recognised that, far from being safe and risk free, these steroid hormones are, in reality, dangerous and potentially life-threatening drugs that cause grave harm to women. Most women taking the contraceptive pill have little idea about what dangerous ingredients they are actually putting into their bodies, nor are they knowledgeable about the potential side effects.

Pathologising Menstruation

The Pill literally stops natural menstruation. Bleeding only occurs each month because the synthetic hormones are not taken for seven days of the cycle, which causes a shedding of the uterine lining. The bleeding that occurs would be more accurately termed *withdrawal bleeding*, not menstruation. In fact, there is nothing natural about taking the Pill. The action of the Pill is in fact a female form of "castration" because it stops the natural reproductive cycle. Sometimes a woman's ovaries will become permanently damaged, resulting in infertility.⁸

Fabio Bertarelli, a Swiss billionaire who owns Serono Laboratories, manufacturer of 70% of the world's fertility drugs, has attested to this fact. He told the *Wall Street Journal* in 1993: "Our usual customers are women over 30 who have been taking birth control pills since they were teenagers or in their early 20s."

Business is booming for the fertility business. The data from the journal *Fertility and Sterility* suggest that 6.2 million women in the US had fertility problems in 1995, compared to 4.5 million in 1982 and 4.9 million in 1988, and this number could be as high as 7.7 million women in 2025.⁹

All contraception formulas may increase the risk of coronary artery disease, breast cancer, cervical cancer, skin cancer, immune dysfunction, liver toxicity, stroke, blood clot, osteoporosis, gum disease, high blood pressure and ectopic pregnancy. The side-effects include nausea, vomiting, migraine-type headache, breast tenderness, allergies, weight increase, changes in sex drive, depression, head hair loss, facial hair growth and increased incidence of vaginitis. Also, women with a history of epilepsy, migraine, asthma or heart disease may find that their symptoms worsen. Many of these effects may persist long after discontinuation of the Pill.

Pill-users have an increased risk of two painful types of inflammatory bowel disease: ulcerative colitis and Crohn's

disease. In addition, the Pill causes serious nutritional deficiencies of vitamin B1, B2, B6, folic acid, B12, vitamins C, E, K, zinc, selenium, magnesium and the amino acid tyrosine, which is essential for proper thyroid function. Oestrogen increases copper levels, which causes depression.¹⁰

Even more alarming is the fact that the earlier a woman uses the Pill, the greater her risk of developing breast cancer and also having a worse prognosis. One disturbing study showed that the Pill caused chromosomal aberrations in the breast tissue of young female users. This research was further backed up with a study showing that there was a 100% increased risk of breast cancer which extended from 10 years of Pill use down to just three months of use! So, it is of no surprise that women as young as 17 and 19 years old are now being diagnosed with breast cancer.¹¹

The breast tissue of young teenage girls is still developing and is particularly sensitive to the over-stimulation from synthetic oestrogen. In one landmark study, researchers found that women who took the Pill before the age of 20 and were later diagnosed with breast cancer had tumours with worse prognoses than did breast cancer patients who started taking the Pill at a later age or had not previously taken it.¹² Another study found this most terrifying result: the younger the women were at the time of breast cancer diagnosis, the greater the possibility that they would be dead within five years.¹³

Progestins make their own mischief. As well as being carcinogenic, they raise "bad" cholesterol and blood pressure, distort sugar metabolism, compromise the immune system and create undesirable masculinising effects. So it is no wonder that Depo-Provera should be of great concern to women. It was reported that women who used it before the age of 25 increased their relative risk of breast cancer by 50%, and that women who used it

for six or more years raised their risk significantly to 320%. (Dr Coutinho, the enthusiastic advocate for the elimination of menstrual cycles using the continuous low dose Pill, was the developer of Depo-Provera.) Of further concern are studies showing that both oral contraceptives and Depo-Provera contribute to bone loss in adolescents.^{14, 15}

Needless to say, the pathologising of women's menstrual cycles and hormonal imbalances through the pervasive and persuasive advertising campaigns initiated by both the medical profession and pharmaceutical industries is seriously jeopardising the physical and emotional wellbeing of young women.

Many parents have been convinced that the Pill was the solution to their daughter's period pains, acne, endometriosis or ovarian cysts, but the fact is that this carcinogenic treatment will only further compromise the health of teenage girls.

What has been seriously overlooked is the fact that hormone replacement therapy and birth control pills are formulated with the same ingredients: oestrogens and progestins. The main difference? The Pill has higher amounts of these physiologically altering, carcinogenic, toxic drugs.

With the arrival of the continuous low dose Pill, normal menstrual cycles are now fair game for drug treatment. This has great appeal to young women, who have been brainwashed into believing that menstrual cycles are indeed a curse, not to mention a damned inconvenience. Nutritionally depleted diets, stress and environmental toxins—the real culprits of menstrual

The action of the Pill is in fact a female form of "castration" because it stops the natural reproductive cycle.

irregularities and hormonal imbalances—have been all but ignored by doctors. Why not just use a quick fix to shut the whole system down? Take a pill! Haven't we been here before?

Reminiscent of recent HRT revelations, the mass prescribing of the continuous low dose Pill—without any long-term studies undertaken—amounts to a dangerous experiment being conducted on young women. However, it would be pointless to spend millions of dollars on such a study, since there already exists overwhelming evidence of how seriously the Pill compromises the health of young women.

Inventing a New Disorder

Unfortunately, it's not only the obsolescence of menstrual cycles that the drug companies have on their agenda. There is another way that young women are being pathologised and medicalised for their natural cycles.

The pharmaceutical giant Eli Lilly is promoting its new drug, Sarafem, as a miracle pill for women suffering with a new "mental disorder" called *premenstrual dysphoric disorder* (PMDD).

Never heard of it? It's no surprise, since it was only concocted as a psychiatric disorder about three years ago.

PMDD, this "mental disorder" which the American Psychiatric Association (APA) has not yet accepted as an official mental disorder, is nonetheless listed in the appendix of the APA's *Diagnostic and Statistical Manual of Mental Disorders*—the DSM-IV, the bible of mental diseases.

PMDD is actually the new and improved version of premenstrual syndrome (PMS), which is purported to affect 3–10% of all menstruating women. The fact that PMDD is listed only in the diagnostic manual's appendix reflects the APA's desire for further research before

accepting it as a fully fledged mental disorder. Nonetheless, it is being treated vigorously.

To be diagnosed with PMDD, a woman must experience five or more symptoms. This unofficial mental disorder is said to be characterised by the following symptoms: depressed mood; anxiety; decreased interest in activities; feeling sad, hopeless, self-deprecating, tense, anxious or "on edge"; persistent irritability; anger; increased interpersonal conflicts; feeling fatigued, lethargic or lacking in energy; marked changes in appetite; a subjective feeling of being overwhelmed or out of control; and physical symptoms such as breast tenderness, swelling or bloating. Before the PMDD diagnosis can be given, a woman is advised to chart her symptoms for two months.

Lilly reports in its advertising that, now, "Doctors can treat PMDD with a pretty pink-and-lavender pill called Sarafem—the first and only prescription medication for PMDD". The ad further states that "Sarafem contains fluoxetine hydrochloride, the same active ingredient found in Prozac".¹⁶

Actually, Sarafem is the Selective Serotonin Reuptake Inhibitor (SSRI) known as Prozac. Eli Lilly admits that Sarafem has the same active ingredient as Prozac, complete with the same dangerous side effects. It's been dressed up in a pretty pink-and-lavender capsule, and the price has been increased. It is now masquerading as a bona fide PMDD drug.

It is no coincidence that the year that Sarafem was listed as the only approved drug for this new female "mental disorder", it

just so happened to coincide with the year that the patent on Prozac ran out. Without a patent on Prozac, Eli Lilly lost exclusive rights to the drug, along with hundreds of millions of dollars in profits. However, with the acceptance of the Prozac clone Sarafem as the only approved treatment for PMDD, Lilly's patent on Prozac in effect was extended by another seven years.

According to documents posted on the FDA's website, Lilly has proposed a "pilot study of PMDD in adolescents to estimate its response to treatment with fluoxetine".

So, who wins? The OB-GYNs, whom Eli Lilly is exclusively targeting as prescribers—and, of course, Eli Lilly. Who loses? Young women.

And now, two other drugs have recently been approved to treat PMDD. They are the antidepressant drugs Zoloft and Paxil. With these two additional players in the PMDD market, expect to see many more TV and magazine ads aggressively educating the public about "this serious new condition".

Women, once again, are being manipulated, misinformed and mistreated in order to fill the drug companies' coffers. But there is an even more draconian side to this.

A Strong Warning about Prozac, Paxil and Zoloft

Researchers at the Division of Preventive Oncology in

Toronto, Canada, reported the promotion of malignant growth in rodents given antidepressant drugs at clinically relevant doses. These drugs bind to growth-regulating receptors inside cells associated with anti-oestrogen binding sites. When they were given to rats primed with a known carcinogen, the animals developed breast tumours in a shortened time. Compared to controls, the tumour frequency was increased greater than twofold in the rats given the antidepressants.¹⁷

The Canadian research team also found that women who took Paxil saw their risk of breast cancer increase sevenfold!¹⁸

Further studies have shown that Prozac not only promotes tumours but also causes proliferation of malignant cells by blocking the body's innate ability to kill tumour cells. There is mounting evidence that these drugs can cause breast cancer and other forms of cancer such as brain cancer.¹⁹

Allan Steingart, an Assistant Professor of Psychiatry at the University of Toronto, has also sent out another warning: SSRIs are endocrine disruptors that can alter oestrogen levels. Side effects include changes in breast density, lactation in women who are not pregnant, and sexual dysfunction.²⁰

There are also ominous long-term side effects associated with these medications. According to Dr Joseph Glennullen, a psychiatrist who works for Harvard University Health Services and is the author of *Prozac Backlash*, they include: neurological disorders such as disfiguring facial and whole-body tics that can indicate brain damage; sexual dysfunction in up to 60% of users; debilitating withdrawal symptoms including visual hallucinations; electric shock-like sensations in the brain; and dizziness, nausea and anxiety.²¹

The SSRIs—Prozac, Zoloft, Paxil—possess another trait: they have the ability to turn normal people into raging suicidal murderers. Three years before Prozac received FDA approval

Prozac, Zoloft and Paxil possess another trait: they have the ability to turn normal people into raging suicidal murderers.

Continued on page 74

Continued from page 20

in late 1987, the German equivalent of the FDA had such serious reservations about Prozac's safety that it refused to approve the antidepressant. The reason was that Lilly's studies showed that previously non-suicidal patients who took the drug had a fivefold higher rate of suicide and suicide attempts than those on older antidepressants, and a threefold higher rate than those taking placebos. Lilly's own figures indicated that one in 100 previously non-suicidal patients who took the drug early in clinical trials developed a severe form of anxiety and agitation called *akathisia*, causing them to attempt to commit or actually commit suicide during the studies.²²

Using figures on Prozac from both Lilly and independent research, Dr David Healy, Director of the North Wales Department of Psychological Medicine at the University of Wales and an expert on the brain's serotonin system, estimated that "probably 50,000 people have committed suicide on Prozac since its launch, over and above the number who would have done so if left untreated".²³

Dr Peter Breggin, the eminent psychiatrist and author of *Toxic*

Psychiatry: Talking Back to Prozac, stated: "I have no doubt that Prozac can cause or contribute to violence and suicide. I've seen many cases. In a recent trial, six per cent of the children became psychotic on Prozac. And manic psychosis can lead to violence."²⁴

And yet, as of January 3, 2003, the FDA approved the use of Prozac to alleviate depression in children between seven and 17 years of age. It also approved it for children with obsessive-compulsive disorder.

Psychiatrists in the US and Australia have already been prescribing the world's best-known antidepressant (and similar competitors) to their youngest patients. The inclusion of child-specific information on Prozac's FDA-mandated label means that more doctors, not just depression specialists, may prescribe it. Up to 2.5% of US children and 8% of teenagers suffer from depression.²⁵

What catastrophes are in the making when we follow these trends? Will we be facing news headlines reporting on children who have gone into murderous rages, perhaps taking their lives along with the lives of others? It has already come to light that the majority of US school shooters were prescribed SSRIs.

The growing incidence of depression and anxiety amongst girls means that more SSRI scripts will be written. Teenage girls are further caught in a "catch 22", since depression is also a side effect of hormonal imbalances as well as the Pill. And how many girls and young women diagnosed with PMDD and then put on Prozac/Sarafem or one of the many other SSRIs will one day find themselves facing a breast cancer diagnosis?

Restoring Young Women to Health

It is truly terrifying to think that drug companies are enthusiastically targeting young women, teenage girls and now children as young as eight as a lucrative market for their SSRI drugs. If we continue to allow ourselves and our children to be hypnotised by the rhetoric and trickery of the medical and pharmaceutical profession, great health disasters and human tragedy await us.

The real goal (in terms of the main theme of this article) is to restore girls and young women to health. Menstruation is a powerful expression of a woman's true self. The female reproductive system is delicate and can easily teeter out of balance when deprived of adequate nutrition or put under duress.

The Medical Assault on Young Women

Our daughters, instead of resorting to taking a pill to mask important warning signs, must be taught to make healthy choices through diet and lifestyle. Competent holistic health practitioners are important allies in regaining hormonal health.

Even more challenging is the task of healing deeply held cultural myths. If women are truly to regain and maintain their health and love for their bodies, old myths and superstitions must be exorcised from our collective unconscious mind. The erroneous conscious and unconscious beliefs that are held about the female anatomy are passed on from generation to generation. Our daughters are the recipients of this legacy—unless we choose to teach them otherwise.

By healing these misconceptions, women can truly honour and appreciate their bodies—an important prerequisite for overall hormonal balance.

Endnotes

1. Angier, Natalie, *Woman: An Intimate Geography*, Houghton Mifflin Company, New York, 1999, p. 94
2. Wright, Dr James, *The Gold Coast Bulletin*, Wednesday, June 26, 2002, p. 31
3. Coutinho, Elsimar M. and Segal, Sheldon J., *Is Menstruation Obsolete?*, Oxford University Press, USA, 1999
4. James-Enger, Kelly and Brown, Emma-Charlotte, "Which Pill Can Stop Your Period and Prevent Cancer?", *She Magazine* (Australia), April 2002, p. 107
5. *ibid.*
6. National Toxicology Program, "Report on Carcinogens", Tenth Edition, <http://ntp-server.niehs.nih.gov>
7. Website http://ntp-server.niehs.nih.gov/htdocs/8_RoC/RAC/Norethisterone.html
8. Wilks, John, *A Consumer's Guide to the Pill and Other Drugs*, Freedom Publishing Company Pty Ltd, Australia, 1996, p. 16
9. *Fertility and Sterility* 1998;70:30-34
10. Naish, Francesca, *Natural Fertility*, Sally Milner Publications, Australia, 1996, p. 14
11. Thomas, D.B., "Oral contraceptives and breast cancer", *Journal of the National Cancer Institute* 1993;85:359-64
12. Olson, H. et al., "Proliferation and DNZ ploidy in malignant breast tumors in relation to early oral contraceptive use and early abortions", *Cancer* 1991;67:1285-90
13. Wilks, John, *ibid.*, p. 59
14. Kass-Wolff, J. H., "Bone loss in adolescents using Depo-Provera", *J Soc Pediatr Nurs* 2001 Jan-Mar;6(1):21-31
15. *Contraception* 1998 Jul;57:231-235.
16. Spartos, Carla, "Sarafem Nation", *The Village Voice*, December 6-10, 2000
17. Brandes L.J., Arron R.J., Bogdanovic R.P., Tong J., Zsborniak C.L.F., Hogg G.R., Warrington R., Fang W., La Bella F.S., "Stimulation of malignant growth in rodents by antidepressant drugs at clinically relevant doses", *Cancer Res* 1992;52(13):3796-3800
18. *New England Journal of Medicine*, vol. 342, June 29, 2000, p. 2003
19. Thompson, T., "The Wizard of Prozac", *Washington Post*, November 11, 1993
20. *Am J Epidemiology* 2000 May15;151(10); 951-57
21. See http://www.mercola.com/2000/apr9/prozac_backlash.htm
22. Garnett, Leah R., "Prozac Revisited", *Boston Globe*, July 5, 2000
23. *ibid.*
24. Rappaport, John, "School Violence: The Psychiatric Drugs Connection", *NEXUS*, vol. 6, no. 5, 1999
25. FDA website, <http://www.fda.gov/bbs/topics/ANSWERS/2003/ANS01187.html>

About the Author:

Sherrill Sellman is the author of the best-selling book, *Hormone Heresy: What Women Must Know About Their Hormones*. Her new book, *Mothers: Prevent Your Daughters From Getting Breast Cancer*, will be released in April 2003. She is a regular contributor to NEXUS. Her articles on the Pill and HRT were published in NEXUS 4/04-05 and 9/01 respectively.

Sherrill is on a national Australian lecture tour from March to May 2003. Visit her website at <http://www.sellman.com> for details about this and other tours for 2003, or email her at golight@earthlink.net. To subscribe to Sherrill Sellman's monthly HormoneWise e-Digest, send an email to hwise@sellman.com.